

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CS	32	11/19
O.I.P.E. CLASSIFIER	CS	912	11-23-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	11-13-03
2	✓
3	✓
4	✓
5	N
6	N
7	0
8	0
9	N
10	N
11	✓
12	11
13	11
14	11
15	11
16	11
17	✓
18	✓
19	✓
20	✓
21	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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